

Appendix 5a ▪ Request for State Hearing Form

Name		Phone
Street Address		
City	State	Zip Code
I am requesting a State Hearing because of an action by the Multipurpose Senior Services Program, related to the following:		
<input type="checkbox"/> Discontinuance	<input type="checkbox"/> Denial	<input type="checkbox"/> Reduction
The reason for my request is:		
REQUEST FOR SPECIAL ACCOMMODATION (Complete this section only if it applies to you)		
I am requesting the hearing be conducted:		
<input type="checkbox"/>	By telephone because:	
	<input type="checkbox"/> I am homebound.	
	<input type="checkbox"/> I live more than _____ hours from the MSSP or county Social Services office.	
<input type="checkbox"/>	In my home because:	
<input type="checkbox"/>	I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)	
	Language:	Dialect:
The information you provide on this form is needed to process your request for a hearing. Processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may do so by contacting Public Inquiry and Response. Any information you provide may be shared with the MSSP office and with the U.S. Department of Health and Human Services.		